

THERE ARE SOME
QUESTIONS W/ THIS ONE

AREA 340	DIVISION GOLDEN GATE	NUMBER
EVALUATED BY M. HAGEN		DATE 7/24/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW	DATE
BY		EVALUATED	ACTION REQUIRED
1. USE AND ADEQUACY OF FACILITY		CORRECTED	

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☐ Yes ☒ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☐ Yes ☒ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

NEW CARPET EVERYTHING ELSE OLD

- (1) Is interior lighting adequate? ☐ Yes ☒ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☒ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	CLERICAL OR SUPERVISORS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do posted items have a removal date?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	UNK ?	
(1) Are items arranged in a logical manner?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) What security is provided after normal business hours?	LOCKED DOORS	

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	GOOD BUT OLD		
b. Are all painted surfaces neat and clean, free of peeling paint?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the building clearly identified?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Is the gas station clean and in good repair?	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are parking lines clearly painted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is there disabled parking available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	BACK LOT ONLY		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	READ INSTRUCTIONS		
c. Are operating instructions posted and easy to understand?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No
- e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☒ No
- f. How often is the fuel supply replenished? *QTRLY INSPECTED & FILLED WHEN NEARLY EMPTY*

(1) At what level is it refilled? *FULL*

- g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No
- (1) Are they distinctively marked? ☐ Yes ☒ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

ACTION REQUIRED

CORRECTED

- a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No
- b. Does the plan have procedures for safeguarding employees during all types of emergencies?
- (1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No
- (2) Does the plan work? ☒ Yes ☐ No
- (3) Are there sufficient management controls? ☒ Yes ☐ No
- c. Does the plan designate duties and responsibilities to specific employees?
- (1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No
- (2) Are employees informed of their responsibilities? ☐ Yes ☒ No
- (3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No
- (4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No
- d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No
- (1) How do Public Safety Dispatchers feel about the security provided? *N/A*

- (2) Can dispatchers deal with the public without admitting them into the building? *N/A* ☐ Yes ☐ No
- (3) Should modifications be made to provide better security? *N/A* ☐ Yes ☐ No
- (a) Would intercoms improve security? *N/A* ☐ Yes ☐ No
- (4) How often are two or more dispatchers on duty? *N/A*

(5) How often are supervisors or other personnel in the building after normal business hours? *ALL THE TIME*

(6) Are maximum safety and security measures taken within communications centers? *N/A* ☐ Yes ☐ No

- e. Has training been given for all types of emergency situations? ☐ Yes ☒ No
- (1) Have both uniformed and nonuniformed been given the training? ☐ Yes ☒ No

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	GOOD	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	UNK
(1) Have changes or updates been sent to the implementing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. SAFETY INSPECTION	EVALUATED	ACTION REQUIRED	CORRECTED	
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Has the CHP 113A, Safety Inspection Checklist, been completed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. What improvements have been made by the commander as a result of the most recent inspection?			UNK	
(1) If recommendations required budgeting, have items been put into the budget suspense file?				<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) If so, what remedial action has been taken?				